

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10/668,840** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	/		/			
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		/		/		
45	/		/			
46	/		/			
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

03.07.05

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51	/		/					
52		/		/				
53		/		/				
54		/		/				
55		/		/				
56		/		/				
57		/		/				
58		/		/				
59		/		/				
60	/		/					
61	/		/					
62		/		/				
63		/		/				
64		/		/				
65		/		/				
66		/		/				
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

8
23
30